

GATESHEAD METROPOLITAN BOROUGH COUNCIL
CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE
MEETING

Tuesday, 13 September 2016

- PRESENT:** Councillor N Weatherley (Chair)
- Councillor(s): C Bradley, D Davidson, K Ferdinand, B Goldsworthy, M Goldsworthy, M Hood, L Kirton, R Mullen, I Patterson, J Simpson, J Wallace and A Wheeler
- APOLOGIES:** Councillor(s): M Charlton, J Kielty and P McNally

CHW10 MINUTES OF LAST MEETING

RESOLVED - That the minutes of the last meeting held on 1 July 2016 were agreed as a correct record.

CHW11 IMPROVEMENTS TO STROKE SERVICES IN GATESHEAD

The Committee received a report and presentation from Dr Steve Kirk, Long Term Conditions Lead, Newcastle Gateshead CCG and Jane Mulholland, Director of Delivery and Transformation, Newcastle Gateshead CCG on the proposals for the future of the acute stroke services in Gateshead. Councillors were reminded that this was an engagement session and not a consultation session.

NHS Newcastle Gateshead Clinical Commissioning Group has been reviewing the current Gateshead model of acute stroke care to ensure it is compliant with evidence based best practice and national guidance. In addition there are capacity issues at the Queen Elizabeth Hospital (QEH) that reflect the national picture.

When a patient presents with suspected stroke they need rapid assessment, diagnosis and treatment by specialist staff. The team at the QE is depleted, carrying vacancies they have been unable to fill. Currently the team is supported by their colleagues in South Tyneside and Sunderland out of normal working hours. This support is delivered remotely using telemedicine, however, changes in treatments now mean that a face to face assessment is considered the gold standard for treatment and delivers the best outcomes for patients.

National policy is driving change in how stroke services are arranged locally. NHS England advocates a new model for stroke services which involves services being delivered through a Hyper-Acute Stroke Unit where patients are transferred for specialist rehabilitation, usually 2-3 days after their stroke following their initial treatment and stabilisation.

Along with the national recommendations the Local Stroke Network (North East and Cumbria) has produced a paper summarising how ideally we can meet these standards and recommends that there is a maximum of 6 Hyper Acute Stroke Units supported by acute stroke units. Importantly, there are not the numbers of stroke consultants

available to be able to provide the extended hour's emergency cover for acute stroke patients under the current configuration.

There has been a vacancy in one of the two stroke consultant posts at the QEH since April 2014 which the Trust has been unable to fill. There is also a stroke consultant vacancy in South Tyneside NHS Foundation Trust, which provide out of hours cover for Gateshead. This is causing an additional strain on the stroke service in Gateshead.

All of these factors have put pressure on the Stroke Service in Gateshead and in 2014 the QE approached the CCG to ask if we would consider a new stroke pathway moving the initial care of stroke patients to a larger unit based at the RVI.5

The Committee were advised that the current situation is no longer sustainable. The QE unit has 2 consultant posts, 1 of which has been vacant for over 12 months despite several attempts to recruit. The QEH clinical and management team have approached the CCG and suggested that they would like to work in collaboration with Newcastle Hospitals to update and improve the Stroke Services. With this in mind three options have been considered in order to meet national and regional guidance on stroke services:-

- 1) Gateshead Stroke Unit continues to receive hyper-acute strokes
- 2) HASU at City Hospitals Sunderland with acute stroke unit in QEH
- 3) HASU at RVI with Acute Stroke unit at QEH

The CCG and Foundation Trusts believe Option 3 described above would best meet the challenges that have been highlighted and improve the care for patients suffering a stroke. The RVI in Newcastle will assess and treat all patients suffering a stroke. The RVI in Newcastle will assess and treat all patients from Gateshead in the acute phase of their illness. For those patients who are well enough to go directly home from the RVI, they will be supported by Gateshead community teams. For those patients who require a longer stay in hospital, they will be transferred to the QEH acute unit and will be supported through their rehabilitation and re-ablement by the specialist team who are based there before being discharged home when they are well enough.

It is anticipated that the benefits of the proposed model would:-

- At least 3 fewer deaths from stroke each year in Gateshead
- Improvement in quality standards measured by the Sentinel Stroke National Audit Programme (SSNAP)
- Patients will be admitted to a unit that meets the recommended standards of both national and local stroke networks
- Patients will have access to the most up to date treatments
- The service will be sustainable and robust
- Patients will have access to new treatments such as thrombectomy
- Patients will benefit from access to research programmes which are trialling the latest advances in stroke medicine
- The new service will be a 24/7 service
- Average length of stay in hospital is expected to reduce by 2 days as a result of these changes.

With this in mind the CCG plans, with its partners, to engage with patients and the public to explain what these proposed changes mean for them, hear their concerns and understand issues affecting patients and their carers. The CCG will then ensure that these issues are addressed during implementation.

The Stroke Association have been represented on the project group and have helped with the pre-engagement with users of the current service. This pre-engagement has allowed understanding the experience of people from Gateshead. Healthwatch Gateshead have also been consulted.

A period of six week engagement to allow people the opportunity to have their say on improving stroke services within Gateshead. It will enable patients who have used stroke services to have their say about the current services, improvements that they feel need to be made and to comment on the proposed model.

It is proposed that the new model will take effect from the end of November 2016. The CCG is confident that this change in service model will result in improved care for patients from Gateshead.

Councillors reported that they would not argue against better services for the people of Gateshead but conversely were disappointed to see in their opinion (again) services moving away from Gateshead.

RESOLVED - that the information be noted.

CHW12 REVIEW OF GP ACCESS - FIRST PROGRESS UPDATE REPORT

The Committee received the first update report on progress made against recommendations and actions identified from the review of GP Access in Gateshead.

Access to GP services continues to be a key issue for local communities across the borough as a whole, whether from urban or more rural areas. The Committee received a significant amount of evidence as part of the review and undertook a series of visits to GP practices and other sites across the borough in order to scrutinise current arrangements in place, gain a better understanding of both the challenges and opportunities relating to GP access and the quality of care provided.

In particular, the evidence gathering sessions and site visits focused on:

- Key issues relating to 'Access' to GP services, drawing on survey findings and other evidence on GP appointments, opening hours, out-of-hours etc;
- Issues relating to the quality and experience of care;
- GP Access and quality of care in the broader context of service developments/initiatives relevant to the review topic

Committee members acknowledged the input of GP practices to the review and expressed their thanks to their practice managers. The Committee also expressed its thanks to Newcastle Gateshead CCG, NHS England Cumbria and North East, Healthwatch Gateshead and Gateshead Community Based Care Ltd for their contributions to the review.

The Committee noted that a strong partnership approach is essential to ensure appropriate, timely and quality GP services can be accessed by Gateshead residents. Patients themselves also have a key role to play in providing feedback to their practice.

It was reported to Committee that Practice Action Plans are developed by all practices working with Newcastle Gateshead CCG and NHS England and are reviewed and updated annually. In continuing to develop these plans in the future, it was recommended that a specific focus is placed on ways individual practices can enhance

access to GP services for their patients and actions that can be taken in this area. It was also noted that practice facilitators will continue to support practices in taking these actions forward.

The headline findings of the review acknowledged the opportunity to build upon existing work and continue the direction of travel set by local NHS Partners and GP practices themselves to enhance access to GP services in Gateshead.

Six priorities and actions were identified and the Committee received an update on the progress to date:-

- 1) Access and Appointments
- 2) Addressing Variation in Quality
- 3) Estates
- 4) Workforce
- 5) IT
- 6) Patient Engagement

The Committee asked if in future any time limits could be shown on the report and if possible could a red, amber and green system be used in order to identify areas of success/concern more easily.

RESOLVED – that the information be noted and further updates be provided to committee as appropriate.

CHW13 HEALTHWATCH GATESHEAD PROGRESS REPORT

The Committee received a report from Healthwatch Gateshead outlining the key activities undertaken over the last 12 months.

The Committee were advised that Healthwatch Gateshead have raised concerns with the North East Ambulance Service about the NHS 111 Service and examples of delays experienced by the residents. Concerns were also raised about booking patient transport from nursing homes in Gateshead.

The Committee requested that they be advised once a response had been received.

- RESOLVED -
- i) That the information be noted.
 - ii) That the response from the North East Ambulance Service be shared with members of the Committee.

CHW14 REVIEW OF THE ROLE OF HOUSING IN IMPROVING HEALTH AND WELLBEING - PROGRESS UPDATE

The Committee agreed that the focus of its review in 2016-2017 will be the role of housing in improving health and wellbeing.

The scoping report agreed by OSC on 1 July 2016 set out housing related issues that are known to have an influence upon health and wellbeing. It is proposed that the review considers how these housing and health issues are considered and reflected in local practice according to the three themes of Gateshead Council's Housing Strategy 2013-18. These are:-

- Housing Standards
- Housing Supply
- Housing Support

In addition to hearing evidence from Council and Gateshead Housing Company staff, it is proposed that further evidence will be provided by Gill Leng, Public Health England's National Home and Health Lead, and Peter Smith, Head of Policy and Research at National Energy Action, the national charity seeking to end fuel poverty.

The Committee were advised that the evidence gathering sessions, based on the three themes as outlined above, will be delivered accordingly:-

1 November 2016 - Improving health through Housing Supply – the right homes in the right place

6 December 2016 – Health and Housing Standards

24 January 2017 – Health and Housing Support

Speakers will be drawn from Economic and Housing Growth, Development and Public Protection, Health and Social Care Commissioning and Quality Assurance.

At the meeting on 1 July 2016, members of the Committee requested that they themselves also provide evidence based upon their experience of dealing with housing and health related issues.

It is therefore proposed that members of the committee be invited to a focus group session, to be held subsequent to the evidence gathering sessions. Councillors unable to attend the focus group will be invited to provide written evidence by way of questionnaire.

It is also proposed that members of the committee be offered the opportunity to visit relevant housing developments. Details of these will be shared once confirmed.

RESOLVED – That the information be noted and that the approach, content and timescale as set out be agreed.

CHW15 ANNUAL REPORT ON ADULT SERVICES COMPLAINTS AND REPRESENTATIONS, APRIL 2015 - MARCH 2016

The Committee received the annual report on Adult Services Complaints and Representations April 2015 – March 2016.

The Committee were advised on the following points of interest:-

- 53% (33) of complaints were around the quality of services received and remains the greatest cause for complaint
- Quality of service involves alleged failure of service delivery, for example:
 - Home carers not turning up;
 - Non return of telephone calls;
 - Late or missed social work visits;
 - Lack of timely response after a request for service
- 34% (10) of complaints were not upheld after investigation
- 41% (12) of complaints were partially upheld
- 20% (6) were fully upheld after investigation
- Complaints decreased by 3% compared to the number received during 2014/15, (64)
- There has been a 11% increase in formal recorded contacts since 2014/15
- However this increase is due to the number of compliments received regarding individual members of staff or services (1074)

Compliments continue to be received about the quality of the Adult Care Services provided by the Council. Some compliments are about individual members of staff or about whole teams and services. Compliments reflect the high regard in which our customers have for employees and the services provided to them. Information is always fed into operational services, including the Commissioning Team, to highlight good practice and possible improvements to services.

The Committee were advised of the following points of interest relating to compliments:-

- There has been a 17% increase in compliments compared to the amount received during 2014/15
- 32% (347) of compliments received in 2015/16 focused on the care provided by the Councils Promoting Independence Centres.
- 30% (327) were regarding Council provided Domiciliary Care
- 55% (181) of Council Domiciliary Care compliments were about the START service. The START Service is a short term reablement team who concentrate on providing service users with the skills to remain at home. This service can help prevent the need for larger or more long term packages of care.
- 14% (154) of compliments were regarding Services provided by Assessment and Personalisation
- 58% (89) of compliments about Assessment and Personalisation were about Physical Disability Teams
- 5% (56) of all compliments were regarding Health and Housing Support
- Compliments accounted for 85% of all representations made about Adult Social Care Services during 2015/16

RESOLVED – that the information be noted and the thanks of the committee be passed onto all the staff concerned for their hard work.

Chair.....